Un Eas	ited S	TATES DISTRICT COURT CV 12	4165
	. / 1	in Jenkins	
	rook		ORIGINAL
(In th	e space al	bove enter the full name(s) of the plaintiff(s).)	
		-against-	COMPLAINT
_A _A _A _A	4	Sergeant Lomax Elder Charles Richardson Jonaul Ladson RLOOM, N Harold Toll	Jury Trial: Ves □ No (check one)
	Vew	Vaughan Ettienne York City	AUG 2 0 2012
			PRO SE OFFICE
(In the	e space ab	bove enter the full name(s) of the defendant(s). If you	I NO SE OFFICE
please	i ju ine n write "sec	names of all of the defendants in the space provided, e attached" in the space above and attach an additional	1
sheet c	of paper w	vith the full list of names. The names listed in the above	64
caption must be identical to those contained in Part I. Addresses should not be included here.)			
			Ť
I.	Parties	s in this complaint:	
Α.	identifi	our name, address and telephone number. If you are ication number and the name and address of your current y additional plaintiffs named. Attach additional sheets of	place of confinement. Do the same
Plainti	iff ·	Name Melvin Tenkins Street Address	
		County, City Krocklyn	
		State & Zip Code New York 11771	
		Telephone Number _	
B.	govern	I defendants. You should state the full name of the dement agency, an organization, a corporation, or an individant may be served. Make sure that the defendant(s) listed to	lual. Include the address where each

in the above caption. Attach additional sheets of paper as necessary.

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Defe	ndant No. 1	Name LOMAX Elder Shield# 1582				
	The State of the S	Street Address 81 PC+ Rolah AUF				
		County, City King, Brooklyn				
		State & Zip Code New York 1/721				
		Telephone Number				
	•					
Defer	idant No. 2	Name Charles Richardson Shield # 12478				
		Street Address 81 PC+ Ralph AVE				
		County, City King, Brooklyn				
		State & Zip Code New York 11221				
		Telephone Number				
Dofo-	done NI- O	T - 1 / 1-				
Defeil	dant No. 3	Name Jonaul Ladson				
		Street Address 81 PC+ Ralph AVE				
		County, City Kins, Brooklyn				
		State & Zip Code New York				
		Telephone Number				
Defen	dant No. 4	Name Vaucha Ettienne Shield#29839				
	110.	Street Address 81 8C+ Ralph AVE				
		County, City King, Brooklyn				
		State & Zip Code New York 11221				
		Telephone Number				
		A STOPMONE I TURBOL				
II.	Basis for Jur	isdiction:				
§ 1331 Under	ing a federal qu l, a case involvi 28 U.S.C. § 13	arts of limited jurisdiction. Only two types of cases can be heard in federal court: cases destion and cases involving diversity of citizenship of the parties. Under 28 U.S.C. ing the United States Constitution or federal laws or treaties is a federal question case. 32, a case in which a citizen of one state sues a citizen of another state and the amount an \$75,000 is a diversity of citizenship case.				
Α.	What is the ba	sis for federal court jurisdiction? (check all that apply)				
	Federal Qu					
В.	If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right					
	is at issue?	Civil Rights Violations				
						
C.	If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?					
	Plaintiff(s) state(s) of citizenship					
	Defendant(s) s	tate(s) of citizenship				

Rev. 05/2010

Defendant No. 5

Name Harold Toll	Shield#
Where Currently Employed	81 PCt Ralph AVE
Address_	
State & zip Code New	York 11221
County, City King,	

III. Statement of Claim:

State as briefly as possible the <u>facts</u> of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? In front of 277

 Stuyuesant AUE, Brooklyn N.Y. 11221
- B. What date and approximate time did the events giving rise to your claim(s) occur? 14 occur on 12/12/10 at 9:50 am

What happened to you?

C.

÷

Who did what?

Was anyone else involved?

Who else saw what happened?

ary office in their official Stuvvesan aoine south at their breakfast move their move, they blocked their vehicle try own hest they all rame out of their vehicle driver behind me, at one point 'Aux ladson but hitting my side just missing my head Jefferson sidewalk to get away Chasing me, I couldent stop because th inally was stopped by P.O. Ettienne, then tienne put handcuff on me, at this he saw me put something

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. after I was thrown to the ground with handcuff on hittens my Shoulder Right and my elbow Right I was refuse medical treatment by P.O. Ettienne, he then went into my carring has pull out some advil, and said that is all I am getting. I took the advil to stop the pain in my Right Shoulder and elbow but it started pain in my stomach.

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P.O. Ettienne with Aux Elder threw me to the ground, still in handcuff I hit the ground landing on my right Shoulder and elbow cause me pain the next thing I new aux ladson, Richardson come and Started hitting and Kichardson put his knee in my back,. Between aux ladson and Elder I felt blows to my head area. At this time P.O. Ettienne had picked up my carring bag and ask me what was in it, I told him not to ask me no question I have right he said, I don't have any right.

who else Lisa Darns happened

Saw and heard all the vehicle blowing their horn, and Saw the vehicle being block.
And saw aux ladson swing his batan at me.

some people in their vehicle call 911 to report what was happening.

also P.O. Ettienne claim he recovered three . 38 caliber Cartridges from my Pocket, when he recovered them from the van.

V. Relief:
State what you want the Court to do for you and the amount of monetary compensation, if any, you are
seeking, and the pasis for such compensation. I am seeking in the compensation
of Eight Hundred + FiFty thousand Dollars.
For lost of Job, time in Jail, going to court, pain +
Suffering, Physical + mental abuse, the spitefull + Vindictive
county the district attorney office of Kings
county, the malicious prosecution, using fairy tales,
telling the grand Jury the auxiliary office are Peace officer
and police officen, saying they were doing a Lawful Duty
blocking traffice so they could eat their breakfast, malicious
it just the start of it.
misleading Medical Records of injury to Auxiliary offices
misleading about damage to cars and fence
Signed this 20day of August, 2012 Signature of Plaintiff Mailing Address Broaklyn NY. 11221
Telephone Number
Fax Number (if you have one)
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.
For Prisoners:
declare under penalty of perjury that on this day of, 20, I am delivering this complaint to prison authorities to be mailed to the <i>Pro Se</i> Office of the United States District Court for the OS+em District of New York.
Signature of Plaintiff:
Inmate Number

